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CONFIRMATION NO. 8872

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** CONTINUING DATA *****

NOTE

** FOREIGN APPLICATIONS *****

NOTE

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED

** 05/18/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 13	TOTAL CLAIMS 80	INDEPENDENT CLAIMS 20
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

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TITLE

INTERVERTEBRAL CONNECTION SYSTEM

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of